Voucher prepar	REIMBURS/												
			bureau, or establishment	;)				PA	AID BY				
THE UNITED ST	Voucher prepared at(Give place and date)							@ _0*A					
	THE UNITED STATES, Dr., P.			ayee's Account No.			H	TATE OF CALL					
T_{0}								anda, an	10F7	T. Manager			
	~~===	((Payee)							<u>3</u>			
	(Add	iress)	(City)		(State)								
No. and Date of Drder	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply		UNIT PRICE		AMOUN	AMOUNT						
	- Jes vice	Discount Terms	other information dec	emed necessary	·)	QUANTITY	Cost	Per	Dollars	Ct			
		Cost											
		COSO							261	- 19			
PAYMENT:													
Complete Partial		·											
Final []		I lan an											
hipped from	to		ntinuation sheet(s) if ne Weight	Government	B/L No			Total	261				
eertify that the abo	ve bill is correct	and just and that paym	ent has not been recei			e must NO'l	use this		201	: 2			
S	STATINTL	(Sign original only)			Difference	es				•			
				•						-			
Date 4/4/58	*Payee	not required when a like	certificate is made by payee on at	teched bill or bills)									
Per 4						nt verified; o			4 261	9			
Contract No. A	-101	Date	Reg. No			ture or initia		voice Rec'o	1				
ursuant to authority	vested in me, I	certify that this account	is correct and proper	for payment.									
Approved for \$													
			SIGN										
у	***************		ORIGINAL ONLY	Title						~			
itle		******		Date					***************				
T	HE REVERSE OF THIS	FORM MUST BE EXECUTED W	HEN PURCHASES ARE MADE	OR SERVICES SEC	URED WITHOU	JT WRITTEN AG	REEMENT IN	ANY FORM	~ = = = = = = = = = = = = = = = = = = =				
		TING CLASSIFICATION											

Standard Form No. 1035a—Revised Form prescribed by Comptroller General, U.S. Septem Approved For Release 2006/04/1 for CIA-REP84-00360R000600010100-4 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal MEMORANDUM

1		(Department, bureau, or establishment)	1			7)6 <u>9</u>
o. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT	PRICE Per	AMOUN Dollars	Cts
	,						
		Contract A-/0/ System III					
		Direct Costs Properly Chargeable to Contract A-/0/ for the period 3/24 thru 3/30/58					
		STATINTL	Pr	duct1	<u>on</u>	To	ta
abor for	. Week Er	ding Merch 30, 1958					
omputed	for Comm at inter tion -	unications Division im rates as follows: STATINTL					
ther Cos	ts - Per	schedule attached					
otal Lab	or, Ove	head and Other Costs					
& A exp te of	ense com	puted at interim					
tal Cos	ts	STATINTL				\$ <u>2</u> 61	.92
						Ψ	
				-			
						An edition	
1		·	- 1	1	ı	- 1	

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010100-4 NET AMOUNT CHARGE DISTRIBUTION Account M.J.O. S.D. 63 12501 5043 Int. Sub. 50 25 40 00 COST CENTER Maj. **ACCOUNTS PAYABLE** CODE CODE DISCOUNT GROSS 26 Vendor Number Mo. Day 04 04 CHECK PURCHASE 34 03 26 8 9-00122 35476 INVOICE FORM STL - 660 Mo. Day BATCH Š Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010100-4

3/31/58

WEEKLY DET DISTR

THE RAMO-WOOLDRIDGE CORPORATION